

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09729440	FILING DATE 12/04/00	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3	1						53		
4	1						54		
5	1						55		
6	1						56		
7	1						57		
8	1						58		
9	1						59		
10	1						60		
11	1						61		
12	1						62		
13	1						63		
14	1						64		
15	1						65		
16	1						66		
17	1						67		
18	1						68		
19	1						69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	16	→	→	→			TOTAL DEP.	→	→
TOTAL CLAIMS	19						TOTAL CLAIMS		